



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lindane, and pantoprazole) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Accolate	Cenestin	Lescol	Pramox
Aceon	Cleocin (oral only)*	Lescol XL	Premarin (tabs only)
Aciphex	Combivent	Levemir	ProAir HFA
Actos	Concerta	Lexapro	Proventil HFA
Adderall XR*	Cozaar	Lorabid	Qvar
Advair Diskus	Crestor	Luvox CR	Relenza [†]
Advair HFA	Daraprim	Maxair Autohaler	Relpax
Aerobid	Derma-Smoothe/FS	Maxalt	Ritalin*
Aerobid-M	Dexedrine*	Maxalt MLT	Serevent Diskus
Alupent*	Diastat	Menest	Simcor
Amerge	Diovan	Micardis	Singulair
Amoxil*	Diovan HCT	Micardis HCT	Spiriva
Aricept	Dynacirc CR	Mintezol	Starlix
Asmanex Twisthaler	Elidel	Mycostatin*	Sumycin*
Astelin	Eurax	Nasacort AQ	Symbicort
Astepro	Exelon	Nasonex	Symmetrel*
Atrovent HFA	Exforge	Niacor	Tamiflu [†]
Augmentin XR	Flovent HFA	Niaspan	Treximet
Avalide	Focalin*	Nitro-Bid	Tyzine
Avandamet	Focalin XR	Norpace*	Valtrex
Avandaryl	Foradil	Norpace CR*	Ventolin HFA
Avandia	Glyset	Optivar	Veramyst
Avapro	Gris-Peg	Pataday	Vyvanse
Azmacort	Humalog	Patanase	Xopenex HFA
Beconase AQ	Hyzaar	Patanol	Zegerid
Benicar	Infergen	Paxil CR*	Zovirax (ointment only)
Benicar HCT	Lanoxicaps	Pegasys	
Capex Shampoo	Lantus	PhisoHex	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 7/1/2009